

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 089292  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1					
6		1				
7	1		1			
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		(1)		1		
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18	1		1			
19		1		1		
20		2		1		
21		2				
22	1		1			
23		1		1		
24		2		1		
25		2		1		
26		3		1		
27		3		1		
28		3		1		
29		3		1		
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49						
50						
TOTAL IND.	↓	5	↓		↓	
TOTAL DEP.	↓	28	↓		↓	
TOTAL CLAIMS		33				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						